REQUEST FOR PATENT FEE REFUND	
1 Date of Request: 8-/-05 2 Serial/Patent # 10/019545	
3 Please refund the following fee(s):	4 PAPER 5 DATE NUMBER FILED 6 AMOUNT
Filing	1 12/28/04 \$ 350
Amendment	\$
Extension of Time	\$
Notice of Appeal/Appeal	\$
Petition	\$
Issue	\$
Cert of Correction/Terminal Disc.	\$
Maintenance	\$
Assignment	\$
Other	\$
	7 TOTAL AMOUNT S 350
	8 TO BE REFUNDED BY:
10 REASON:	Treasury Check
Overpayment	Credit Deposit A/C #:
Duplicate Payment	9 1 9 0 7 4 1
No Fee Due (Explanation):	
11 REFUND REQUESTED BY:	
TYPED/PRINTED NAME: # JOHNSON TITLE: MANAGER	
SIGNATURE: (SIGNATURE: 308-9940)	
OFFICE: ///	
THIS SPACE RESERVED FOR FINANCE USE ONLY:	
APPROVED:	DATE:

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

PORM PTO 1577 (01/90) Office of Finance Refund Branch Crystal Park One, Room 802B